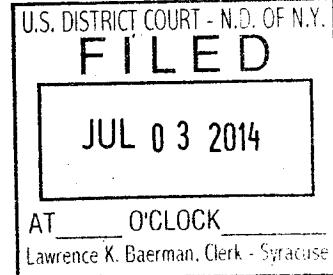


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK



DARNELL KING Plaintiff(s))
DET. JEROME BURNS)
DET. VEGA)
THE CITY OF NEW YORK)
JOHN & JANE DOE Defendant(s))

)
vs.
)
)
)
)
INMATE
CIVIL RIGHTS
COMPLAINT PURSUANT
PURSUANT TO
42 U.S.C. § 1983
Case No. 9: 14 CV 807

Plaintiff(s) demand(s) a trial by: JURY COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

PARTIES

2. Plaintiff: DARNELL KING
Address: RIVERVIEW C.F. BOX 247
OGDENSBURG, N.Y. 13669

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: DET. JEROME BURNS
Official Position: DETECTIVE 19 PRECINCT
Address: 119 LEXINGTON AVE
NEW YORK, N.Y. 10027

b. Defendant: DETECTIVE VEGA

Official Position: DETECTIVE 19 PRECINCT

Address: 119 LEXINGTON AVE

NEW YORK, N.Y. 10027

c. Defendant: THE CITY OF NEW YORK

Official Position: MUNICIPAL CORPORATION

Address: 100 CHURCH STREET

6th FLOOR

NEW YORK, N.Y. 10007

Additional Defendants may be added on a separate sheet of paper.

4. PLACE OF PRESENT CONFINEMENT

a. Is there a prisoner grievance procedure at this facility?

* Yes _____ No _____

b. If your answer to 4a is YES, did you present the facts relating to your complaint in this grievance program?

If your answer to 4b is YES,

(i) What steps did you take?

(ii) What was the final result of your grievance?

If your answer to 4b is NO - why did you choose to not present the facts relating to your complaint in the prison's grievance program? _____

DEFENDANT'S ACTED OUTSIDE OF A PRISON

SETTING AND COMPLAINT IS NOT DUE TO PRISON CONDITIONS.

c. If there is no grievance procedure in your institution, did you complain to prison authorities about the facts alleged in your complaint?

Yes No

If your answer to 4c is YES,

(i) What steps did you take? _____

(ii) What was the final result regarding your complaint? _____

If your answer to 4c is NO - why did you choose to not complain about the facts relating to your complaint in such prison? _____

5. PREVIOUS LAWSUITS

a. Have you ever filed any other lawsuits in any state and federal court relating to your imprisonment?

Yes x No

b. If your answer to 5a is YES you must describe any and all lawsuits, currently pending or closed, in the space provided below.

For EACH lawsuit, provide the following information:

i. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

ii. Court (if federal court, name District; if state court, name County):

iii. Docket number: _____

iv. Name of Judge to whom case was assigned: _____

v. Disposition (dismissed? on appeal? currently pending?): _____

vi. Approximate date of filing prior lawsuit: _____

vii. Approximate date of disposition: _____

6.

FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

Plaintiff was lawfully present in front of 41 West 112th Street, New York, NY when he was falsely arrested, falsely imprisoned by both detectives Burns and Vega. Plaintiff was unlawfully strip-searched. Plaintiff was unlawfully detained and maliciously prosecuted until he was acquitted at trial and released from custody on July 22, 2011. The date the defendant's committed acts complained of herein occurred on October 1, 2010.

7.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

On October 1, 2010, defendant Det. Jerome Burns, did falsely arrest, falsely imprison, unlawfully strip-searched, unlawfully detained and maliciously prosecute Plaintiff, until Plaintiff was acquitted at trial and released from custody on July 22, 2011. Defendant Burns, deprived Plaintiff of his constitutional, civil and common law rights.

SECOND CAUSE OF ACTION

On October 1, 2010, defendant Det. Vega, did falsely arrest, falsely imprison, unlawfully strip-searched, unlawfully detained and maliciously prosecute Plaintiff, until Plaintiff was acquitted at trial and released from custody on July 22, 2011. Defendant Vega, deprived Plaintiff of his constitutional, civil and common law rights.

THIRD CAUSE OF ACTION

Defendant City of New York, is liable for the October 1, 2010 acts of defendant's Vega and Burns, in that the City of New York negligently hired, retained trained and supervised the defendant's. The City of New York is vicariously liable for these acts because the City employees were acting within the scope of their employment as detectives when they committed their unlawful acts.

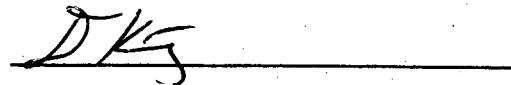
8. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

Plaintiff requests an order decalring that defendants have
acted in violation of the United States Constitution. Plaintiff
prays for a judgment in his favor and damages in his favor
not less than \$500,000 together with attorney fees and costs
against all defendants for personal, physical and emotional
injuries intentionally and negligently inflicted upon Plaintiff.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: June 13, 2014



Darnell King

Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010

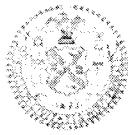
Exhibit

"A"

Exhibit "A"

Exhibit "A"

Exhibit "A"



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-A

Personal Injury Claim Form

Electronically filed claims must be filed at the NYC Comptroller's Website. If your claim is not resolved within 1 year and 90 days from the date of occurrence you must start legal action to preserve your rights.

I am filing: On behalf of myself.

On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:	
First Name:	
Relationship to the claimant:	

Claimant Information

*Last Name:	King
*First Name:	Darnell
Address:	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	
Country:	USA

Date of Birth: Format: MM/DD/YYYY

Soc. Sec. #

HICN:
(Medicare #)

Date of Death: Format: MM/DD/YYYY

Phone:

*Email Address:

Retype email
Address:

Occupation:

City Employee? Yes No NA

Gender Male Female Other

Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:	Harvis & Saleem LLP
Firm or First Name:	
Address:	305 Broadway
Address 2:	14th Floor
City:	New York
State:	NEW YORK
Zip Code:	10007
Tax ID:	
Phone #:	
*Email Address:	asaleem@harvisandsaleem.com
Retype email Address:	asaleem@harvisandsaleem.com

City Agency(s) Involved

City Agency Involved 1:	POLICE DEPARTMENT
City Agency Involved 2:	
City Agency Involved 3:	

* Denotes required fields. The email of the Claimant or Attorney is required.



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident: Format: MM/DD/YYYY

Time of Incident: Format: HH:MM AM/PM

*Location of Incident:

Address:

Address 2:

City:

State:

Borough:

Manner in which claim arose:*The items of damage or injuries claimed are (include dollar amounts):****Medical Information**

1st Treatment Date: Format: MM/DD/YYYY

Hospital/Name:

Address:

Address 2:

City:

State:

Zip Code:

Date Treated in Emergency Room: Format: MM/DD/YYYY

Was claimant taken to hospital by Yes No NA an ambulance?

Employment Information (If claiming lost wages)

Employer's Name:

Address:

Address 2:

City:

State:

Zip Code:

Work Days Lost:

Amount Earned Weekly:

Treating Physician Information

Last Name:

First Name:

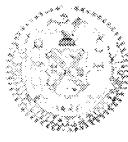
Address:

Address 2:

City:

State:

Zip Code:



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	<input type="text"/>

Witness 2 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	<input type="text"/>

Witness 3 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	<input type="text"/>

Witness 4 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	<input type="text"/>

Witness 5 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	<input type="text"/>

Witness 6 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	NEW YORK
Zip Code:	<input type="text"/>



New York City Comptroller
John C. Liu

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: **NEW YORK**
Zip Code: _____

Insurance Information

Insurance Company _____
Name: _____
Address: _____
Address 2: _____
City: _____
State: **NEW YORK**
Zip Code: _____
Policy #: _____
Phone #: _____

Description of claimant: Driver Passenger
 Pedestrian Bicyclist
 Motorcyclist Other

Non-City vehicle driver

Last Name: _____
First Name: _____
Address: _____
Address 2: _____
City: _____
State: **NEW YORK**
Zip Code: _____

Non-City vehicle information

Make, Model, Year of Vehicle: _____
Plate #: _____
VIN #: _____

City vehicle information

Plate #: _____
City Agency Involved: _____
City Driver Last Name: _____
City Driver First Name: _____

Total Amount Claimed:

\$500,000.00

Format: Do not include "\$" or ",".

The Total Amount Claimed can only be entered once the following required fields are entered:

Claimant Last Name
Claimant First Name
Claimant Email or Attorney Email
Date of Incident
Location of Incident
Manner in which claim arose

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.